



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 0.00

### Complete if Known

Application Number	10/849,979-Conf. #8748
Filing Date	May 21, 2004
First Named Inventor	Steven M. Ruben
Examiner Name	P. M. Mertz
Art Unit	1646
Attorney Docket No.	PZ028P2C1

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 24 Extra Claims - 24 = \_\_\_\_\_ x \_\_\_\_\_ = Fee Paid (\$)

Multiple Dependent Claims  
Fee (\$) Fee Paid (\$)

Indep. Claims 1 Extra Claims - 4 = \_\_\_\_\_ x \_\_\_\_\_ = Fee Paid (\$)

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets \_\_\_\_\_ Extra Sheets \_\_\_\_\_ Number of each additional 50 or fraction thereof \_\_\_\_\_ Fee (\$) \_\_\_\_\_ Fee Paid (\$) \_\_\_\_\_  
- 100 = \_\_\_\_\_ /50 \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

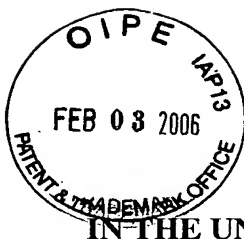
#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	47,088	Telephone	(301) 354-3932
Name (Print/Type)	Doyle A. Siever	Date	February 3, 2006		



IRW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Ruben et al.

Docket No.: PZ028P2C1

Application No.: 10/849,979

Confirmation No.: 8748

Filed: May 21, 2004

Art Unit: 1646

For: Antibodies To HHPEN62 Polypeptide (As  
Amended Herein)

Examiner: P. Mertz

**REPLY AND AMENDMENTS UNDER 37 C.F.R. § 1.115**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Restriction Requirement mailed January 11, 2006 (Paper No. 11292005), please enter the following amendments and consider the following remarks and election. Applicants submit concurrently herewith: (a) a Fee Transmittal Sheet (in duplicate), with appropriate fee; (b) a Supplemental ADS to correct inventorship pursuant to 37 C.F.R. §1.48(b) (*Non-provisional application - fewer inventors due to amendment or cancellation of claims*); and (c) an Information Disclosure Statement and Form PTO/SB/08.

- Amendments to the Specification begin of page 2 of this paper.
- Amendments to the Claims begin on page 3 of this paper.
- Remarks begin on page 7 of this paper.

Insertions are shown by underlining. Deletions are shown by ~~striketrough~~.

**Amendment to the Title**

Please amend the title, as filed on May 21, 2004, to the following title:

~~97 Human Secreted Polypeptides~~ Antibodies To HHPEN62 Polypeptide.